Gift to Agency Report	A Public De	ocument		GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 201
Governor's Office			,	Form OU
Division, Department, or Region (	if applicable)			For Official Use Only
Street Address		-		
State Capitol  Area Code/Phone Number   E-m	nail			
	,,,,,,		Amendment (explan	n in comment section)
(916) 445-0873 Agency Contact (name and titlo)			Date of Original Filing:	
Dan Maguire, Deputy Legal Affa	airs Secretary		•	(month, day, year)
2. Donor Name and Address				
		(C) Other	Lucas Public Affairs	Group
☐ Individual ————————————————————————————————————	First Name	M Office		Name
1215 K Street, Suite 1120	Sacramento		CA	95814
Address	City		Stato	Zip Code
Lucas Public Affairs Group is a	strategic consulting, public affa	irs and com	munications firm.	
If "Other" is marked, describe the entity's busin	tess activity (if business) or its nature and int	lerests.		
If applicable, identify the name of ea	ch source and the amount(s) solic	ited or receive	ed by the donor for this	gift:
	<b>c</b>			e
Name	Amount S		Name	Amount
3. Payment Information				
•	08/20/08	_	4,800	
Date and Amount of Payment	(month, day, year)	- \$	(Round to whole dollars)	<del></del>
Travel Payment Information (Re	ound to whole deliars) Location of	Travel	<u></u>	
_	•	•	•	•
Date(s) of Travel Transpor	S Lodging Expenses	Meal Exp	ensos Other Exper	nses Total Expenses
Provide a specific descripti	on of the nature and use o	f the paym	ent for official age	ency business:
•			-	
The payment was used to life t		overnmental	weheite	•
pay	development of a portion of a go	overnmental	website.	•
	development of a portion of a g	overnmental	website.	•
, ,			website.	·
Identify the officials for who			website.	·
Identify the officials for who			website.	·
			website.	Department/Division
Identify the officials for who	om the payment was used:			
Identify the officials for who	om the payment was used:			
Identify the officials for who not applicable Last Name	om the payment was used:  First Name		Titlo	Department/Division
Identify the officials for who not applicable  Last Name  Last Name  Last Name	om the payment was used:  First Name  First Name		Titlo Title	Department/Division Department/Division
Identify the officials for who not applicable Last Name	om the payment was used:  First Name  First Name		Titlo Title	Department/Division Department/Division
Identify the officials for who not applicable  Last Name  Last Name  4. Verification	om the payment was used:  First Name  First Name		Titlo Title	Department/Division Department/Division
Identify the officials for who not applicable  Last Name  Last Name  Last Name	First Name  First Name  erests of the agency to accept this	gift and use it	Titlo Title	Department/Division Department/Division
Identify the officials for who not applicable  Last Name  Last Name  4. Verification	om the payment was used:  First Name  First Name	gift and use it	Title  for the official agency (	Department/Division Department/Division
Identify the officials for who not applicable  Last Name  Last Name  4. Verification  I have determined that it is in the inte	First Name  First Name  Perests of the agency to accept this  Sasan Kennedy	gift and use it	Title  Title  for the official agency to the	Department/Division Department/Division
Identify the officials for who not applicable  Last Name  Last Name  4. Verification  I have determined that it is in the inte	First Name  First Name  First Name  Print Name  Sasan Kennedy  Print Name	gift and use it	Title  Title  for the official agency to the	Department/Division Department/Division